



Commonwealth of Virginia
DEPARTMENT OF AVIATION
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**DEPARTMENT OF AVIATION
USE ONLY:**

VA Registration #	_____
Expiration Date	_____
Check Number	_____
Data Entry Date	_____
Sales Tax Rcvd	_____

Aircraft Registration Application Commercial Fleet/Noncommercial Dealer Fleet Part 2 – Aircraft Information

INSTRUCTIONS:

Type or print providing complete information

Complete a separate “*Part 2 – Aircraft Information*” form for each new aircraft entered into the fleet

Check One:

- ☐ **Commercial Fleet Registration**
Fleet Number _____
- ☐ **Noncommercial Dealer Fleet Registration**
Dealer Number _____

Section 1 – Primary Owner Information

Name of Primary Owner _____

Address _____

Home Phone (Area code & number) _____

City, State, ZIP Code _____

Business Phone (Area code & number) _____

E-Mail Address _____

Cell Phone (Area code & number) _____

Section 2 – Aircraft Registration Information

FAA Registration Number _____

N _____

Serial Number _____

Model Year _____

Aircraft Type

- ☐ Fixed Wing Single-engine ☐ Rotorcraft ☐ Homebuilt/Other ☐ Glider
☐ Fixed Wing Multi-engine ☐ Ultralight ☐ Blimp/Dirigible ☐ Balloon

Aircraft
Category

- ☐ Land ☐ Sea ☐ Amphibian

Make/Manufacturer _____

Model _____

Engine Make _____

Engine
Type

- ☐ Turbo Jet ☐ Turbopropeller ☐ Turboshift ☐ Turbo Air Generating
☐ Ram Jet ☐ Reciprocating ☐ No Engine ☐ Other

Section 3 – Aircraft Information

Based Airport/Facility	
Aircraft Use	<input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Rental <input type="checkbox"/> Instruction <input type="checkbox"/> SARDA <input type="checkbox"/> Flying Club <input type="checkbox"/> Agriculture <input type="checkbox"/> Air Taxi <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Other

Section 4 – Purchase Information

Date of Purchase or Entry Into Virginia	
Total Purchase Price	
Seller's Name	
Seller's Address	
Seller's Phone Number	

Section 5 – Aircraft Sales & Use Tax and Personal Property Tax Information

Date Sales Tax Paid		Amount of Sales Tax Paid	\$
If sales tax not paid, state reason			
City/County to which personal property tax is paid on aircraft			

Section 6 – Lease Information**If the aircraft is "Leased" or is available "For Lease", please provide the following information:**

Lessee Name		Fleet/Permit Number (if applicable)	
Lessee Address		Lessee Phone	

Section 7 – Insurance Information

Insurance Policy Number			
Insurance Company			
Issuing Agency			
Insurance Effective Date		Insurance Expiration Date	

Section 8 – Financial Responsibility

Minimum financial responsibility required for each aircraft by the *Code of Virginia*, §5.1- 88.2:

OPTION 1

Bodily Injury to or Death of One Person in Any One Accident	\$50,000
<u>AND</u> Bodily Injury to or Death of Two or More Persons in Any One Accident	\$100,000
<u>AND</u> Injury to or Destruction of Property of Others in Any One Accident	<u>\$25,000</u>
	\$175,000

Or, a Single Limit Policy Covering Bodily Injury and Property Damage \$250,000

OPTION 2

Execution of a bond by a licensee and by a surety company authorized to transact business in this Commonwealth conditioned for payment in amounts and under the same circumstances as would be required in a policy of bodily injury liability and property damage liability insurance, as required by the provisions set forth above.

OPTION 3

\$250,000 in cash delivered to the Virginia Department of Aviation an irrevocable letter of credit in the amount of \$250,000 from a depository institution as defined in §2.2-4701. Such money or securities so delivered to the Virginia Department of Aviation shall be placed by it in the custody of the State Treasurer and shall be subject to execution to satisfy any judgment within the limits on amounts required for personal injury and property damage liability insurance.

Section 9 – Certification by Owner(s)

I declare that this application has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Primary Owner Name (Please Print)	Signature	Date